

**Form App. R. 9-2 Notice Of Appeal From Administrative Agency**

STATE OF INDIANA                     )                     IN THE [insert name of Administrative Agency]  
  ) SS:  
  )                     CASE NO. [insert Administrative Agency number]

\_\_\_\_\_,                     )  
  )  
  Claimant(s),                     )  
  )  
  vs.                     )  
  )  
\_\_\_\_\_,                     )  
  )  
  Respondent(s). )

**NOTICE OF APPEAL FROM ADMINISTRATIVE AGENCY**

[Insert designation and name of the party appealing], [by counsel or pro se - select one], pursuant to Ind. Appellate Rule 9(I), respectfully gives notice of an appeal from the following order(s) entered by the [insert the name of the Administrative Agency]: [list title(s) and date(s) of appealed order(s).]

This appeal is from [a final order or an interlocutory order – select one.]

This appeal will be taken to the Indiana Court of Appeals pursuant to Ind. Appellate Rule 5(C).

Pursuant to Ind. Appellate Rule 10, the [insert name of administrative agency] is requested to assemble the Clerk's Record, as defined in Ind. Appellate Rule 2(E).

Pursuant to Ind. Appellate Rule 11, the court reporter of the [insert name of the Administrative Agency] is requested to transcribe, certify, and file with the [insert name of Administrative Agency] the following hearings of record, including exhibits: [designate requested portions of the transcript]

Respectfully submitted,

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[Insert name of Attorney or pro se party]

Address

Telephone number

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing has been served upon the following by  
[indicate method of service], this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ : [insert list of parties served, *see* Ind.

Appellate Rule 9(A)(1)]

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[Insert name of Attorney or pro se party]